efile GRAPHIC print - DO NOT PROCESS As Filed Data -Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

2017

DLN: 93493314001158 OMB No 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public

. Fo	or the	2017 c	alendar year, or tax year beginr	ing 01-01-2017 , and end	ing 12-31	-2017			
		plicable	C Name of organization US Chamber of Commerce Foundation	1			D Employe	er identif	ication number
	dress c me cha	- 1					46-1561	1597	
	tıal reti	_	Doing business as						
☐ Fina	al return	/terminated					C Talanhan		
		return	Number and street (or P O box if ma 1615 H ST NW	Il is not delivered to street address)	Room/suite	е	E Telephon		
ا Ap	plicatio	n pending					(202) 4	63-5590	
			City or town, state or province, count Washington, DC 20062	ry, and ZIP or foreign postal code					
			- 1				G Gross red	•	7,766,001
			F Name and address of principal Stan M Harrell	officer		H(a) Is this	a group ret	urn for	
			1615 H ST NW			subord H(b) Are all	linates?	05	☐Yes ☑No
			Washington, DC 20062		_	include	ed?	C 3	☐ Yes ☐No
ıax	x-exem	npt status	✓ 501(c)(3)	nsert no)	_ 527			•	instructions)
W	ebsite	e:► http) //www uschamberfoundation org/	1		H(c) Group	exemption	number	>
						l v	2012	M Chata	-£ d - DF
Forn	n of org	ganızatıon	✓ Corporation ☐ Trust ☐ Assoc	lation ☐ Other ►		L Year of format	tion 2012	M State	of legal domicile DE
Da	rt I	Sum	mary						
			cribe the organization's mission or	most significant activities					
	т	he US Ch	amber of Commerce Foundation co	nducts (Please see Schedule C			naritable an	d educat	tional activities to
ן ע	<u>a</u>	ddress is	sues affecting our nation, our econ	omy, and the global business e	nvironmen	it			
Ē									
	-								
5			s box $\blacktriangleright \square$ if the organization disc				of its net a		1
5	l		of voting members of the governing					3	7
h	4	Number	of independent voting members of t	the governing body (Part VI, lii	ne 1b) .		•	4	6
	5	Total nun	nber of individuals employed in cale	endar year 2017 (Part V, line 2	a)		•	5	57
ا دُ	6	Total nun	nber of volunteers (estimate if nece	essary)			•	6	0
•	l		elated business revenue from Part '					7a	-58,101
	Ь	Net unrel	ated business taxable income from	Form 990-T, line 34			ı	7b	-58,101
						Prio	r Year		Current Year
<u>Qı</u>	8 (Contribut	ions and grants (Part VIII, line 1h)				21,325,8	398	27,170,125
Ravenua	9	Program	service revenue (Part VIII, line 2g)		•		1,194,1	.54	1,487,395
Α. Υ.	10	Investme	nt income (Part VIII, column (A), li	nes 3, 4, and 7d)	•		649,4	17	1,755,801
	11 (Other rev	enue (Part VIII, column (A), lines !	5, 6d, 8c, 9c, 10c, and 11e)			204,3		244,121
	12	Total rev	enue—add lines 8 through 11 (mus	t equal Part VIII, column (A), l	ıne 12)		23,373,8	349	30,657,442
	13 (Grants ar	nd similar amounts paid (Part IX, co	olumn (A), lines 1–3)			1,316,9	95	785,828
	14	Benefits	paid to or for members (Part IX, co	lumn (A), line 4)	•			0	C
&	15 :	Salaries,	other compensation, employee ben	efits (Part IX, column (A), line	s 5-10)		5,482,6	68	6,270,320
Expenses	16a	Professio	nal fundraising fees (Part IX, colum	nn (A), line 11e)				0	C
φ	b -	Total fundr	aising expenses (Part IX, column (D), lin	e 25) ▶613,329					
ш	17 (Other exp	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e)	•		16,722,7	² 00	16,428,885
	18	Total exp	enses Add lines 13–17 (must equa	ıl Part IX, column (A), line 25)			23,522,3	863	23,485,033
	19	Revenue	less expenses Subtract line 18 from	m line 12			-148,5	514	7,172,409
Fund Balances						Beginning o	of Current Y	ear	End of Year
a de			. (5				40.000.		40.070.06
<u> </u>	l		ets (Part X, line 16)		•		40,262,7		49,970,964
			ilities (Part X, line 26)				258,2		287,113
			s or fund balances Subtract line 2:	1 from line 20	•		40,004,4	128	49,683,851
	t III		ature Block erjury, I declare that I have examır	ned this return, including accor	nnanving s	chedules and	statements	and to	the hest of my
			f, it is true, correct, and complete						
ny k	nowle	dge							
		lk .				2018	3-11-10		
ign		Signati	ure of officer			Date			
lere		Stan M	Harrell CFO						
			r print name and title						
			rint/Type preparer's name	Preparer's signature	Dat	te		TIN	
aic	t] J	ennifer Rhoderick	Jennifer Rhoderick			:k ∐ ıf p employed	0039573	5
	- pare	r 🗏	ırm's name 🕨 Ernst and Young US LLP		•		's EIN ▶ 34-	6565596	
-	Onl	1 -	ırm's address ▶ 111 Monument Cırcle Sto	e 4000		Phor	ne no (317) (581-7000	
			Indianapolis, IN 46204						
lav t	he IR	S discuss	this return with the preparer show	n ahove? (see instructions)				▽ v	res 🗆 No

Form	990 (2017)						Page 2
Par	t IIII Sta	tement of	Program Servi	ce Accomplis	hments		
	Chec	ck if Schedul	le O contains a resp	onse or note to a	any line in this Part I		🗹
1			anızatıon's mıssıon				
			e Foundation condu	cts charitable an	d educational activit	ies to address issues affecting	our nation, our economy, and the
globa	al business er	vironment					
2	Did the orga	anızatıon un	dertake any signific	ant program serv	vices during the yea	r which were not listed on	
	the prior Fo	rm 990 or 9	90-EZ?				. 🗌 Yes 🗹 No
	If "Yes," de	scribe these	new services on Sc	hedule O			
3	Did the orga	anızatıon cea	ase conducting, or r	make significant i	changes in how it co	nducts, any program	
	services?						🗌 Yes 🗹 No
	If "Yes," de	scribe these	changes on Schedu	ıle O			
4	Section 501	.(c)(3) and 5		ons are required	to report the amoun	ree largest program services, a nt of grants and allocations to	
4a	(Code) (Expenses \$	8,557,424	including grants of \$	70,000) (Revenue :	\$ 292,886)
	See Additiona	al Data					
4b	(Code) (Expenses \$	4,474,240	including grants of \$	310,678) (Revenue :	\$ 204,509)
	See Additiona	al Data					
4c	(Code) (Expenses \$	3,952,133	including grants of \$	83,650) (Revenue :	\$ 0)
	See Additiona	al Data					
	See Addıtıo	nal Data Tal	ble				
4d			(Describe in Sched	lule O)			
	(Expenses	\$	3,761,140 inc	luding grants of	\$ 32	21,500) (Revenue \$	1,230,447)
4e	Total prog	ram servic	e expenses ▶	20,744,9	37		

Page 3

Nο

Nο

Nο

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Nο

No

Nο

Nο

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Form **990** (2017)

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Yes

Yes

Yes

Yes

Yes

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Checklist of Required Schedules

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

12a Did the organization obtain separate, independent audited financial statements for the tax year? b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

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instructions for applicable filing thresholds, conditions, and exceptions)

Nο Nο

Nο

Nο

Νo

Nο

Nο

Νo

Nο

Nο

No

Nο

Nο

Nο

24d

25a

25b

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35a

35h

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Yes

Yes

Yes

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Form	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 161			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			orm 00	A (2017)

					rage o
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction	A. Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 1a 7			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 6			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2	Yes	
3		ne organization delegate control over management duties customarily performed by or under the direct supervision Icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	ne organization have members or stockholders?	6	Yes	
7a		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b	Yes	
8	Did th	ne organization contemporaneously document the meetings held or written actions undertaken during the year by following			
а		overning body?	8a	Yes	
b	-	committee with authority to act on behalf of the governing body?	8b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
		nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		N -
10~	Did th	ne organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Ye	s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, iranches to ensure their operations are consistent with the organization's exempt purposes?	10a		110
11a		he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b		ibe in Schedule O the process, if any, used by the organization to review this Form 990	114	103	
		ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in dule O how this was done</i>	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?	13	Yes	
14	Did th	ne organization have a written document retention and destruction policy?	14	Yes	
15		ne process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a		No
b		officers or key employees of the organization	15b	Yes	
		s" to line 15a or 15b, describe the process in Schedule O (see instructions)			_
16a		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt is with respect to such arrangements?	16h		
Se	ction	C. Disclosure	16b		
<u> </u>		ne States with which a copy of this Form 990 is required to be filed▶			
		'´ AL , AR , CA , CO , CT , FL , GA , HI , IL , F , MN , MS , NH , NJ , NM , NY , OH , OR , F VA , WI , WV			
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) ible for public inspection. Indicate how you made these available. Check all that apply			
		Own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
19		ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest , and financial statements available to the public during the tax year			
20	State ►Star	the name, address, and telephone number of the person who possesses the organization's books and records in M Harrell 1615 H ST NW Washington, DC 20062 (202) 463-5590			

Part VII

(15) Justin Waller

Operations officer

(16) Horace C Hodges

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

 List all of the organization's former officers, of reportable compensation from the organization 					pen	sated	emp	oloyees who receive	ed more than \$100	1,000	
List all of the organization's former director organization, more than \$10,000 of reportable co	rs or trustees	that red	eive	d, ın							
List persons in the following order individual trus compensated employees, and former such person	stees or directo		_				•	-			
\square Check this box if neither the organization no	r a <u>ny related o</u> r	g <u>anızat</u>	ion c	omp	ens	ated a	ny (current officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo both ecto	t che x, u n an or/tr	eck m inless office ustee	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) Diana Cantor Director	1 00	×						0	0	0	
(2) Suzanne Clark Exec VP & Director	6 00 34 00	X						0	2,311,296	102,326	
(3) Mıchael Edwards	1 00	.,									
Director		X						0	0	0	
(4) Thomas Kuhn Director	1 00	Х						0	0	0	
(5) William G Little Chair/Director	1 00	X						0	0	0	
(6) Richard Martella Jr Director	1 00	×						0	0	0	
(7) Donald Shepard Director	1 00	х						0	0	0	
(8) Lily Fu Claffee Gnl Cnsl & Secy	1 00 25 00			x				0	1,354,691	47,186	
(9) Thomas J Donohue CEO	1 00			×				0	6,606,257	13,584	
(10) Stan Harrell CFO	1 00			x				0	813,207	195,394	
(11) Carolyn Cawley Westerman	24 00										
President	16 00			X				344,485	0	22,308	
(12) Marc E DeCourcey SVP, CCC	40 00				х			265,290	0	62,342	
(13) Eric Eversole Pres, HOH	38 00 2 00				×			0	505,401	38,084	
(14) Cheryl Oldham SVP, Educ & Workf USCCF	12 00				×			0	300,171	47,761	
•	26 00		<u> </u>	_	_		⊢				

Sr Dir, Events & Prog, HOH 40 00 (17) Rebecca Mousseau Х 171,861 0 75.658 Exec Dir, Corp Relations, CCC Form **990** (2017)

Х

Χ

0

191,750

204,250

14,936

28 00 1 00

40 00 45 00

1730 Rhode Island Ave NW Suite 205 Washington, DC 20036

Form 990 (2017)													Page 8	
Part VII Section A. Officers, I	Directors, Trustees, K	ey Em	ploy	ees	, an	d Hig،	jhes	st Compens	ated	Employees (con	tinued)		
(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo	ox, u an off tor/ti	ot che unles fficer truste	r and a :ee)	son a	(D) Reportab compensat from the organization 2/1099-MI	tion e า (W-	(E) Reportable compensatio from relate organizatior (W- 2/1099	on d ns	Estim amount of compen from organizat	ated of other esation the	
	organizations below dotted line)		In stitutional Trustee	Officei	key employee	Highest compensated employee	Former	2,200	J.C.,	MISC)		relat organiz	ted	
(18) Shannon Ripley	40 00					х		1!	56,855	_	0		16,102	
(10) Kathrun Traver		1	\vdash	\vdash	H		\vdash	 						
VP Operations, Asst Secy	40 00	<u> </u>				X	'	19	97,985		0		107,345	
(20) Jason Tyszko		ļ				х			0	170	,306		31,222	
VP, CEW	9 00	++	\vdash	\vdash	\vdash	—	 '							
		\vdash	\vdash	\vdash	\vdash	—	 '	 						
	!	\vdash		\vdash	\vdash		 	<u> </u>						
		igwdapprox	<u> </u>	\sqcup	\sqcup	<u>—</u>	<u></u>	 						
			<u> </u>		\sqcup	<u>—</u>	<u> </u> '							
	!	<u> </u>	<u> </u>	<u> </u>	igsqcup	<u> </u>	'							
				'			<u> </u>							
1b Sub-Total	·	١			*	•	_	1,328,226		12,265,57	9		774,248	
Total number of individuals (incofere portable compensation from the compensation f	cluding but not limited to t					-	ceiv						<u> </u>	
												Yes	No	
3 Did the organization list any for line 1a? If "Yes," complete School	· ·		key e				highe •	est compensa	ted er	nployee on	3		No	
For any individual listed on line organization and related organi individual	1a, is the sum of reporta izations greater than \$150	ble com 3,000? <i>I</i>	ipens !f "Ye	atiors," c	n and comp	d othe plete S	er co Sche	mpensation f dule J for suc	rom t h	he 	4	Yes		
5 Did any person listed on line 1a services rendered to the organi										dual for	5	1	No	
Section B. Independent Con					_		_			•				
Complete this table for your five from the organization. Report of the complete in the co											npen	isation		
	(A) Name and business address							1	Descrip	(B) tion of services		(C Comper		
The Markham Group LLC								Consult					3,333,872	
1000 W 3RD Street Little Rock, AR 72201														
Propper Daley								Public re	alations	services			420,114	
6380 Wilshire Blvd Suite 1500 Los Angeles, CA 90048													-:2.224	
Craft Media Digital								Graphic	design				243,234	
1600 K St NW Suite 300 Washington, DC 20006 Morning Consult LLC								Public re	elations	services			145,000	
PO Box 360673 Pittsburgh, PA 15251													•	
NDP Group								Public re	ations	services			140,000	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 7

Part \		I Statement of	Revenue								rage y
·	-			a respo	onse or note to an	v line in th	us Part VIII				
		check if Schedul	e o contains	и гезр	or note to an		4)	(B) Relate exem funct	d or npt ion	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	12	Federated campaig	ns	1a				rever	iue		512-514
ats at		b Membership dues		L	<u> </u> 	•					
rar		·		1b	<u> </u>						
G. E		Fundraising events		1c							
ifts ar /	(d Related organizatio	ns	1d							
9 =	•	e Government grants (co	ontributions)	1e							
tributions, Gifts, Grants Other Similar Amounts	f	 All other contributions, and similar amounts n 			27 170 125						
uti her		above		1f	27,170,125	•					
Contributions, Giffs, Grants and Other Similar Amounts	٥	Noncash contribution in lines 1a-1f \$	ons included								
Cont and	l _h	Total Add lines 1a-1	f		•						
	۳				Busines		170,125				
풀	2-	. D. C			Dusines	611600		77,655	977,65	5	
4	_	Professional training Govt svc grants				541900		92,885	292,88		
υ Œ		Meetings revenue				900099		12,377	212,37		
74		Advertising revenue				541800		3,674		3,6	74
ઝુ		Pub Sales				511190		804	80	4	
ran	f	All other program se	rvice revenue								
Program Service Revenue		· -			_ 1	,487,395					
		Total.Add lines 2a-21									
		Investment income (ii imilar amounts) .			interest, and othe	r •	996,466	5		-91,093	1,087,559
	4]	Income from investme	ent of tax-exe	mpt b	ond proceeds	▶					
	5 F	Royalties				▶					
			(ı) Rea	l	(II) Personal						
	6a	Gross rents									
	b	Less rental expenses				\dashv					
	С	Rental income or (loss)									
	d	Net rental income o	r (loss)			\dashv					
			(ı) Securit	ties	(II) Other						
	7a	Gross amount from sales of assets other than inventory	7,8	867,894							
	b	Less cost or other basis and sales expenses	7,1	.08,559							
	c	Gain or (loss)	7	759,335							
	d	Net gain or (loss) .			>		759,335	5		29,318	730,017
Other Revenue	8a	Gross income from from from from including \$ contributions reported See Part IV, line 18	ed on line 1c)	of							
Re	b	Less direct expense	s	ь		\dashv					
e _	c	Net income or (loss)	from fundrais	sing ev	ents						
ŧ	9a	Gross income from g		ies							
~		See Part IV, line 19		а	}						
	b	Less direct expense	s	ь		-					
		Net income or (loss)			les						
		Gross sales of invent returns and allowand	ory, less	a							
	b	Less cost of goods s	sold	b							
	c	Net income or (loss)	from sales of	invent	tory ►						
		Miscellaneous			Business Code						
	11	^a Affiliate svc charges	;		5610	00	244,121	-	244,121		
	b	,									
	c										
	d	All other revenue .									
	е	Total. Add lines 11a	-11d		•		244,121				
	12	Total revenue. See	Instructions				,		1 727 042	F0 10:	1 017 571
							30,657,442	-1	1,727,842	-58,101	1,817,576 Form 990 (2017)

Form 990 (2017) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) lacksquareCheck if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Total expenses Fundraisingexpenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 755,828 755,828 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 30,000 30,000 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 4 Benefits paid to or for members 327,633 239,424 88,209 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,449,236 4,160,932 288,304 7 Other salaries and wages Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . 1,493,451 1,398,311 95.140 9 Other employee benefits . 10 Payroll taxes . . 11 Fees for services (non-employees) a Management . **b** Legal 196,612 37,845 158,767 68,000 68,000 c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 91,844 91,844 f Investment management fees . g Other (If line 11g amount exceeds 10% of line 25, column 6,628,475 6,628,185 290 (A) amount, list line 11g expenses on Schedule O) 646,446 646,196 250 12 Advertising and promotion 13 Office expenses . 606.841 603,668 3,173 592,503 592,503 14 Information technology

950 759

3,615,964

1,900,000

1,001,441

130,000

23,485,033

943 270

3,615,490

1,001,441

20,744,937

1,900,000

2,126,767

7,489

474

130,000

613,329

Form 990 (2017)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . .

expenses on Schedule O)

a Administrative support

b Program support service

e All other expenses

15 Royalties **16** Occupancy

17 Travel

20 Interest

23 Insurance

c Bad debt

d

Page **11**

Check if Schedule O contains a response or note to any line in this Part IX

	beginning of year		End of ye
Cash-non-interest-bearing		1	
Savings and temporary cash investments		2	
Blocker and according to the control of the control	2 204 520	_	

	1	Cash-non-interest-bearing			1	
	2	Savings and temporary cash investments .			2	
	3	Pledges and grants receivable, net		2,291,529	3	5,718,558
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensations of Schedule L	ated employees Complete Part		5	
ts	7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organization voluntary employees beneficiary organizations Part II of Schedule L. Notes and loans receivable, net	n 4958(c)(3)(B), and ations of section 501(c)(9) (see instructions) Complete	19,140,404	6	9,451,025
Assets		Inventories for sale or use			8	
As	8				9	
	-	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		9	
	Ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		18,830,771	11	34,801,381
	12	Investments—other securities See Part IV, line	11		12	
	13	Investments—program-related See Part IV, line	∍11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	40,262,704	16	49,970,964
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		258,276	19	287,113
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
qе		persons Complete Part II of Schedule L			22	
<u> </u>	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		258,276	26	287,113
nces	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33		2 519 055	27	21 642 142

3,518,055

36,486,373

40,004,428

40,262,704

27

28

29

30

31

32

33

34

31,643,142

18,040,709

49,683,851

49,970,964 Form **990** (2017)

27

28

29

30

31

32

33

34

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☑ Both consolidated and separate basis

rotal expenses (must equal ture tix) column (77) mile 25)	_	ı
Revenue less expenses Subtract line 2 from line 1	3	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	

Other changes in net assets or fund balances (explain in Schedule O)

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Check if Schedule O contains a response or note to any line in this Part XII . . .

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Form 990 (2017)

Reconcilliation of Net Assets

Part XI

7

Part XII

Schedule O

Investment expenses . Prior period adjustments .

7

8

9

10

Page **12**

2.410.921

96,093

49,683,851

No

Nο

No

Form 990 (2017)

Yes

Yes

Yes

2a

2b

2c

3a

3b

Additional Data

Software ID:

Software Version: **EIN:** 46-1561597

Name: US Chamber of Commerce Foundation

Form 990 (2017)

Form 990, Part III, Line 4a:

Hiring Our Heroes (HOH) is a nationwide effort to help veterans, transitioning service members, and military spouses find meaningful employment. The US Chamber of Commerce Foundation runs the program to improve public-private sector coordination in hundreds of communities across America

orm 990, Part III, Line 4b:

can improve social and environmental conditions

The US Chamber of Commerce Foundation Corporate Citizenship Center is a leading resource for educating the public and sharing best practices as to how businesses can make a difference. For more than 10 years, our programs, events, research, and relationships with key NGOs and governments have educated the public on how business.

ľ

The Center for Education and Workforce, through its research, programs, and policy on education and skills training, mobilizes the business community to be more engaged partners, challenge the status guo, and connect education and workforce reforms to economic development

Form 990, Part III, Line 4c:

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

2.219.254

(Expenses \$

(Code

Research, public education, and meetings to drive the public policy debate on key or emerging issues affecting the business community (Code (Expenses \$ 1,245,386 including grants of \$ 0) (Revenue \$ 978,459)

including grants of \$

0) (Revenue \$

38.742)

Institute for Organization Management Institute for Organization Management is the professional education program of the US Chamber of Commerce Foundation. It is the premiernonprofit professional education program for association and chamberprofessionals, fostering individual

growth through interactive learning and networking opportunities. Since 1921, the Institute has educated thousands of past, current, and future nonprofit leaders from acrossthe country, making it one of the oldest and best regarded adulteducation programs in nonprofit management

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 296.500 including grants of \$ 321.500) (Revenue \$ 213.246)

(Code	/ (Expenses 4	230,300	including grants or \$	321,300) (Nevenue \$	213,240)
Contributions, whi	ich are detailed in Schedule I				

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493314001158
SCI	HED	ULE A		Public (Charity Statu	s and Pul	olic Supp		OMB No 1545-0047
`	m 990	0 or	Con		ganization is a sect	ion 501(c)(3) d	organization o		2017
990I	EZ)				4947(a)(1) nonexe ▶ Attach to Form				2017
		the Treasury	► Inf	ormation abou	it Schedule A (Form			ictions is at	Open to Public Inspection
Nam	e of th	he organiza of Commerce F						Employer identific	ation number
05 (11	umber .	or commerce i	- Carradelon					46-1561597	
	rt I				us (All organization it is (For lines 1 thro			See instructions.	
_	organiz		•		•	5 ,	,	/ *	
1		•		•	sociation of churches				
2		A school de	scribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		·	•	•	vice organization desc			•	
4			esearch orga and state _	inization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170
6	Ш	•	•	-	governmental unit de				
7	✓	section 17	0(b)(1)(A)	(vi). (Complete				ınıt or from the genera	al public described in
8		A communi	ty trust desc	ribed in sectior	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (le mplete Part III)	tain exceptions, a	and (2) no more	than 331/3% of its su	-
11					exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	l organizations (l exclusively for the be described in section 5 the type of supporting	09(a)(1) or se d	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box
а		Type I. A so	supporting or n(s) the pow	ganization oper er to regularly a	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A	supporting o		ervised or controlled i ation vested in the sar				
				V, Sections A		ne persons that t		ge the supported orga	mzacion(3) Tod
С					supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	nally integrate The organizatio	d. A supporting organi n generally must satis	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	
e	П	Check this	box if the org	ganization recei	t IV, Sections A and /ed a written determir	nation from the II		pe I, Type II, Type II	I functionally
f				non-functionally d organizations	integrated supporting	organization			
g				-	pported organization(c)			
		Name of supp		(ii) EIN	(iii) Type of	(iv) Is the orga	anızatıon listed	(v) Amount of	(vi) Amount of
		organization		, ,	organization (described on lines 1- 10 above (see instructions))	in your govern	ing document?	monetary support (see instructions)	other support (see instructions)
						Yes	No		
Tota	l			tice, see the I		Cat No 11285		 Schedule A (Form 9	

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	15,259,382	25,174,523	57,089,297	21,325,898	27,173,799	146,022,899
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	15,259,382	25,174,523	57,089,297	21,325,898	27,173,799	146,022,899
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						20,352,953
6	(f) Public support. Subtract line 5 from line 4						125,669,946
_ 5	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c)2015	(d) 2016	(e)2017	(f) ⊤otal
7	Amounts from line 4	15,259,382	25,174,523	57,089,297	21,325,898	27,173,799	146,022,899
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	222	19,652	553,740	935,964	1,087,559	2,597,137
9							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	423,179	37,157	66,310	154,380	244,121	925,147
11	Total support. Add lines 7 through 10						149,545,183
12	Gross receipts from related activities,	etc (see instruction	ns)			12	5,484,141
13	First five years. If the Form 990 is for	or the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nızatıon,
	check this box and stop here	<u> </u>				<u> ▶ ∐</u>	
9	Section C. Computation of Publi	c Support Perc	entage				
14	Public support percentage for 2017 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	84 030 %
15	Public support percentage for 2016 Sc	:hedule A, Part II, l	ıne 14			15	
16	a 33 1/3% support test—2017. If the	e organization did n	not check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this b	
ı	and stop here. The organization qual 33 1/3% support test—2016. If the				nd line 15 is 33 1/	3% or more, check	
17	box and stop here . The organization a 10%-facts-and-circumstances tes is 10% or more, and if the organization	t—2017. If the org	ganization did not	check a box on line	e 13, 16a, or 16b,	and line 14	▶□

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ightharpoonsorganization

h 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ▶□ supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	In Section 303(a)(1) or (2)			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	·			
	determination				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				

				3.
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$	
	supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		$\overline{}$	
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b in Part I, answer (b) and (c) below	4a				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b				
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the					
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a				

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone othe than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Qualified set-aside amounts (prior IRS approval require			
Other distributions (describe in Part VI) See instructio	ns		
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide		
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Other distributions (describe in Part VI) See instruction Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to whole details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Fycess Distributions Underdistributions

details in Part VI) See instructions	sive (provide		
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
b From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

Additional Data

Software ID: Software Version:

EIN: 46-1561597

Name: US Chamber of Commerce Foundation

Page 8

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

OMB No 1545-0047

DLN: 93493314001158

Open to Public

Department of the Treasury

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** US Chamber of Commerce Foundation 46-1561597 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2017

Par	t III	Organizations Maintaining Col	lections of Art, F	listori	cal T	reas	ures, or	Other:	Similar A	ssets ('continued)
3		the organization's acquisition, accession (check all that apply)	n, and other records,	check	any of	the fo	ollowing t	hat are a	sıgnıfıcant	use of it	s collection
а		Public exhibition		d		Loar	or excha	inge prog	rams		
b		Scholarly research		е		Othe	er				
c		Preservation for future generations									
4	Provide Part	de a description of the organization's col KIII	lections and explain	how the	ey furtl	her th	e organız	atıon's ex	empt purp	ose in	
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							ılar	□ Y	es 🗆 No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV,	ıne 9, or	reporte	d an amo	unt on	Form 990, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other intermed	ıary for	contri	butior	ns or othe	r assets i	not	□ Y	es 🗆 No
b	If "Y∈	es," explain the arrangement in Part XIII	and complete the fo	llowing	table		Γ		-	Amount	
c	Begin	ining balance					Ī	1c			
d	Addıt	ions during the year					Ī	1d			
е	Dıstrı	butions during the year					[1e			
f	Endın	ng balance					[1f			
2a	Did th	ne organization include an amount on Fo	rm 990, Part X, line	21, for	escrov	v or cı	ustodial a	ccount lia	bility?		es 🗆 No
b	If "Ye	es," explain the arrangement in Part XIII	Check here if the ex	vnlanati	ion has	s heer	nrovideo	l in Part)	(III		
	art V	Endowment Funds. Complete if									·· <u> </u>
			(a)Current year		rior yea				(d)Three ye		(e)Four years back
1 a	Beginn	ing of year balance									
b	Contrib	outions									
С	Net inv	estment earnings, gains, and losses									
d	Grants	or scholarships									
е		expenditures for facilities ograms									
f	Admını	strative expenses									
g	End of	year balance									
2 a		de the estimated percentage of the curre d designated or quasi-endowment >	ent year end balance	(line 1	g, colu	mn (a	a)) held as	5			
b	Perm	anent endowment 🟲									
С	Temp	orarily restricted endowment >									
	The p	ercentages on lines 2a, 2b, and 2c shou	ld equal 100%								
3а	orgar	here endowment funds not in the posses nization by nrelated organizations	sion of the organizat	ion that	t are h	eld ar	nd admini	stered for	the	্র	Yes No
b	(ii) r	elated organizations s' on 3a(ii), are the related organization	ns listed as required (on Sche	 Idule R					3	a(ii)
4		ribe in Part XIII the intended uses of the	· ·			•	•			· ∟	
Pa	rt VI	Land, Buildings, and Equipmen	nt.								
		Complete if the organization ansv	vered "Yes" on For								
	Descri	ption of property (a) Cost or oth (investme		or other	basis (other)	(c) Accı	umulated d	epreciation		(d) Book value
1a	Land										
b	Buildin	gs									
С	Leaseh	old improvements					1				_
		nent					1				
	Other						1				
		lines 1a through 1e (Column (d) must e	qual Form 990, Part .	X, colur	nn (B)	, line	10(c)).	. 1	>		0

	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		(c) Method of value o	
	al derivatives					
2) Closely- 3)Other	held equity interests	_				
4)						
3)						
E)						
))						
≣)						
·)						
G)						
٦)						
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	990, P	art IV, lı	ne 11c. See Fo	rm 990, Part)	(, line 13.
	·		ook value	•	(c) Method of va or end-of-year	aluation
L)					or cha or year	TIATROC VAIAC
2)						
3)						
4)						
5)						
5)						
7)						
B)						
9)						
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets. Complete if the organization answered 'Yes'	on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
	Other Assets. Complete if the organization answered 'Yes' (a) Description	on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	art X, line 15 (b) Book value
-)		on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
1)		on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
1) 2) 3)		on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
2)		on Form	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
2)		on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
3)		on For	n 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
(i) (i) (ii) (iii)		on For	n 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
(i) (i) (ii) (ii) (iii)		on For	n 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(a) Description		m 990, Pa			
1) 2) 3) 4) 5) 7) 33) 9)	imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer					(b) Book value
1) 2) 3) 4) 5) 7) 3) otal. (Colu	(a) Description		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 8) otal. (Colu	imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 8) Part X .	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
2) 3) 5) 6) 7) 8) Part X) Federal (2)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 7) 7) 7) 8) 7) 8) 8) 8)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 7) 7) 7) 8) 7) 8) 8) 8)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 7) 6) 7) 7) 8) 8) 8) 8)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 8) 6) 8) 8) 8) 8) 8) 8)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
1) 2) 3) 4) 5) 6) 7) 6) 8) Part X 1) Federal (2) 3) 4) 5)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) otal. (Colu	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X 1) Federal 1 2) 3) 4) 5) 7)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Part XI

2

а

b

c d

e

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Page 4

3,206,157

30,488,905

3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b 168,537 b Add lines **4a** and **4b** 4c c

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2,410,923

795.234

2e

168,537 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 30,657,442 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 24,183,423 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 795,234 2b b

2a

2b

2c

2d

1 2 2c c 2d Other (Describe in Part XIII) d Add lines 2a through 2d 2e 795,234 3 3 23,388,189 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a 4b 96.844 b 4c 96,844

4 5 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 23.485.033 Part XIII **Supplemental Information** Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference Explanation

See Additional Data Table

Page 5		Schedule D (Form 990) 2017		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 46-1561597

Name: US Chamber of Commerce Foundation

Supplemental Information

Return Reference	Explanation
Part X, Line 2	ASC 740 footnote from 2017 audit Management's analysis of uncertain tax positions as required under Financial Accounting Standards Board Accounting Standards Codification (ASC) 74 0, Income Taxes, determined that USCCF had no uncertain tax positions, and, as such, no liability has been recorded as of December 31, 2017 or 2016 Management does not anticipate any material changes in this position in the next 12 months USCCF is subject to routine a udits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress Management believes USCCF is no longer subject to income tax examinations for years prior to 2014

Supplemental Information	
Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	Partnership pass through income (\$91,093) Reclass investment fees as expenses \$91,844 Interest revenue from agency transaction with affiliate \$167,786

upplemental Information							
Return Reference	Explanation						
Part XII, Line 4b - Other Adjustments	Reclass investment fees as expenses \$91,844 Equity adjustment for returned contribution \$5,000						

efile GRAPHIC print - DO NOT PROCESS As Filed Data -						DLN: 93493314001158			
SCHEDULE F	State	ement of A	Activities (tates	OMB No 1545-0047				
(Form 990)	► Compl	lete if the organiz	ation answered "` ► Attach i	5, or 16.	2017				
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. The partment of the Treasure Service The partment of the Treasure Service						/form990.	Open to Public Inspection		
Name of the organization	F					Employer ider	tification number		
US Chamber of Commerce	Foundation					46-1561597			
	nformation Part IV, line		Outside the U	Jnited States. Comple	te if the	organization a	nswered "Yes" to		
1 For grantmakers	. Does the or	ganızatıon maır	ntain records to	substantiate the amount	of its gr	ants and			
•	-	•	e grants or assis	stance, and the selection	criteria i	used			
to award the gran	ts or assistan	ce?					☐ Yes 🗹 No		
2 For grantmakers outside the United		Part V the orga	inization's proce	dures for monitoring the	use of it	s grants and ot	ner assistance		
3 Activites per Region	(The followin	ng Part I, line 3 t	able can be dupli	cated if additional space is	needed))			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		program spe	vity listed in (d) is a service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region		
(1) See Add'l Data									
(2)									
(3)									
(4)									
(5)									
3a Sub-total b Total from continuat Part I	ion sheets to	0	4				231,779 0		
c Totals (add lines 3a	and 3b)	0) 4				231,779		

Page 2

Schedule F (Form 990) 2017

		Disaster Response and Community Building project in Mexico USCCF sent grant to a regional leader in disaster response as recognized by the UN and many cornorations			
		corporations			
(2)					

(3)

(4)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

(13) (14) (15) (16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Part III can be	duplicated if addition	<u>onal space is r</u>	needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

(4) (5) (6) (7) (8) (9) (10)

(11) (12)

Sche	dule F (Form 990) 2017		Page 4
Pai	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	✓ No
	Schedul	e F (Form 9	990) 2017

Schedule F (Form 990) 2017								
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to any additional information (see instructions).								
Return Reference		Explanation						
Part I, line	3	Schedule F Part I We use the accrual method of accounting on all of our transactions						

Additional Data

South Asia

Software ID: Software Version:

EIN: 46-1561597

Name: US Chamber of Commerce Foundation

Corporate citizenship

linitiatives

4,845

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe	0		' -	Promote veteran cıvılıan	6,007

engagements

0 |Seminars and speaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) 2 |Program services 190.400 Europe Corporate citizenship Initiatives and emerging public policy education lissues North America 2 Program services Promote veteran civilian 30.527 Itransition

efile GRAPHIC print -	- DO NOT PROCESS	As Filed Data -					DLI	N: 934933140	01158
Schedule I (Form 990) Department of the Treasury		Governments omplete if the organiz	Other Assistan and Individual ation answered "Yes," Attach to Form le I (Form 990) and its	OMB No 1545-0047 2017 Open to Public Inspection					
Internal Revenue Service Name of the organization		- Indian about Scheda	10 1 (1 01111 330) und 103	mscructions is at <u>ww</u>		Emplo	ver identific	ation number	
US Chamber of Commerce	Foundation						61597	acion number	
Part I General In	formation on Grant	s and Assistance				I			
the selection criteria Describe in Part IV th	used to award the grant ne organization's procedu	s or assistance? . . . ires for monitoring the u	se of grant funds in the U	nited States	for the grants or assistant		Part IV line	✓ Yes	□ No
	more than \$5,000 Part I			ents. Complete il tile o	rgamzation answered Tes	011 F01111 990, 1	rait IV, iiile	zi, for any recip	
(a) Name and address organization or government	of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descri noncash as		(h) Purpose o or assistance	f grant
(1) See Additional Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
		· -	s listed in the line 1 table				.		25
For Paperwork Reduction Act				Cat No 50055			Scho	edule I (Form 990) 2017

chedule I (Form 990) 2017 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22									
(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
	,								
	,								
	•			·					
on. Provide the inf	formation required in	Part I, line 2; Part III	, column (b); and any other a	additional information.					
io	(b) Number of recipients	(b) Number of recipients (c) Amount of cash grant on. Provide the information required in	(b) Number of recipients (c) Amount of noncash assistance (d) Amount of noncash assistance on. Provide the information required in Part I, line 2; Part III,	(b) Number of recipients (c) Amount of cash grant (d) Amount of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) On. Provide the information required in Part I, line 2; Part III, column (b); and any other a					

Additional Data

FAIRFAX, VA 22031

Software ID: Software Version: EIN: 46-1561597 Name: US Chamber of Commerce Foundation

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	
						1

(a) Name and address of organization	(b) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,
or government				assistance	other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			

ation	(g) Description of	(h) Purpose of gra
isal,	non-cash assistance	or assistance
		The Foundation supports organization

enhancing civil society or seeking to cure an

ıllness

or government				assistance	ouner,	
ALZHEIMERS ASSOCIATION- NATL CAPITAL AREA 3701 PENDER DR SUITE 400 FAIRFAX, VA 220306045	52-1196162	501(c)(3)	10,000			The Foundation supports organization enhancing civil society or seeking to cure an illness
						1

NATL CAPITAL AREA 3701 PENDER DR SUITE 400 FAIRFAX, VA 220306045			·		supports organizations enhancing civil society or seeking to cure an illness
AMERICAN RED CROSS 8550 ARLINGTON BLVD	53-0196605	501(c)(3)	20,000		The Foundation

ALZHEIMERS ASSOCIATION- NATL CAPITAL AREA 3701 PENDER DR SUITE 400 FAIRFAX, VA 220306045	52-1196162	501(c)(3)	10,000	
AMEDICAN DED CDOCC	E2 010000E	E01/-1/21	20.000	

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ASSOCIATION OF GRADUATES 84-0580665 501(c)(3) 10,000 The Service Academy Global Summit is a OF THE US AIR FORCE ACADEMY widely attended event 3116 ACADEMY DRIVE for high-level military leaders and graduates USAFA, CO 80840 of one of the military

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

Chamber Federation

Meetina

service academies USCCF supported its summit in 2017 which was held in the DC area 52-1398742 501(c)(3) 15,000 USCCF has had a long CENTER FOR INTERNATIONAL PRIVATE ENTERPRISE time standing relationship with the

1211 CONNECTICUT AVENUE Center for International WASHINGTON, DC 20036 Private Enterprise This was a contribution to the Center's World

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 501(c)(3) 10.000 A charitable contribution EAST CAROLINA UNIVERSITY 56-6093187 FOUNDATION INC to the university that 2200 SOUTH CHARLES BLVD completed a research

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

these funds were spent

GREENVILLE, SC 27858 project circular economy 501(c)(3) FLORIDA CHAMBER OF 59-6209605 75,000 Lead partner in COMMERCE FOUNDATION INC. coordinating Launch My 136 SOUTH BRONOUGH Career Florida launch. which supports student

STREET TALLAHASSEE, FL 32302 awareness of potential career pathways This grant recipient has to report to USCCF on how

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) FOUNDATION FOR 26-0615175 501(c)(3) 50,000 Support for national **EXCELLENCE IN EDUCATION** conference on advancing quality, and INC PO BOX 10691 opportunity in TALLAHASSEE, FL 32302 education USCCF staff member attended this conference USCCF has had an ongoing relationship with this foundation and is confident the money was spent for its

intended purpose GEORGETOWN 53-0196603 501(c)(3) 10,000 The Foundation UNIVERSITYGEORGETOWN supports organizations PEDIATRICS GALA enhancing civil society or seeking to cure an

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

C/O DUFOUR CO 1901 FT MYERS DRIVE illness SITE 502 ARLINGTON, VA 22209

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) GREATER HOUSTON 20-8179135 501(c)(3) 10.000 USCCF sent a PARTNERSHIP contribution to assist 701 Avenida de las Americas with aid after Hurricane Suite Harvev 900 HOUSTON, TX 77010 61-1284992 501(c)(3) 59,000 USCCF made a

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

funds were spent

KENTUCKY CHAMBER FOUNDATION INC communications 464 CHENAULT ROAD subgrant to support FRANKFORT, KY 40601 event focused on highquality childcare Subgrant to host the KY Talent Pipeline Management Academy, which addresses the skills gap affecting Kentucky workers and industry This grant recipient has to report to USCCF on how these

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 13-2912529 501(c)(3) 25,000 USCCF has worked with MANHATTAN INSTITUTE FOR POLICY the Manhattan Institute 52 VANDERBILT AVENUE for vears and the

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

Manhattan Institute is an extremely reputable

MCSF

institution This grant was to support Manhattan Institutes research into public 22-1905062 501(c)(3) 75,000 MARINE CORPS SCHOLARSHIP FOUNDATION INC C/O THE JFM GROUP LLC 629 FIFTH

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

NEW YORK, NY 10017

(b) EIN

company proxy voting USCCF and MCSF are close partners - this is an important strategic relationship to the AVENUE SUITE 106 Foundation Several PELHAM, NY 10803 influential business community members serve on the board of

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 501(c)(3) 25,000 USCCF supported the MARYMOUNT UNIVERSITY 54-0573801 veteran scholarship for 2807 NORTH GLEBE ROAD ARLINGTON, VA 22207 the students attending Marvmount University USCCF trusts Marymount University as a nationally reputable institution 501(c)(3) 25,000 52-1331552 The Foundation

supports organizations enhancing civil society

or seeking to cure an

ıllness

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIRIAM'S KITCHEN

2401 VIRGINIA AVENUE NW

WASHINGTON, DC 20037

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance NATIONAL CAPITAL AREA 501(c)(3) 15.000 The Foundation 53-0204610 COUNCIL BOY SCOUTS OF supports organizations AMERICA enhancing civil society 9190 ROCKVILLE PIKE or seeking to cure an BETHESDA, MD 208143897 illness 501(c)(3) PREVENT CANCER 52-1429544 10,000 The Foundation FOUNDATION supports organizations 1600 DUKE STREET SUITE 500 enhancing civil society

or seeking to cure an

ıllness

ALEXANDER, VA 22314

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance Rockport Fulton Chamber 81-4215455 501(c)(3) 10.000 USCCF sent a Foundation contribution to assist 319 BROADWAY ST with aid after Hurricane Harvev

ROCKPORT, TX 78382 SOLEDAD O'BRIEN & BRAD 45-2440475 501(c)(3) 10.000 USCCF has had a long RAYMOND FOUNDATION 134 WEST 26TH ST SUITE 1150 NEW YORK, NY 10001

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

time standing relationship with the Soledad O'Brian Foundation This was a vearly contribution to the Foundation's Annual Gala

(b) EIN (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

THE EDUCATION TRUST INC 1250 H ST NW SUITE 700 WASHINGTON, DC 20005	52-1982223	501(c)(3)	30,000		Subgrant to engage business leaders in discussion of Every Student Succeeds Act This grant recipient has to report to USCCF on how these funds were spent
THE GEORGETOWN LOMBARDI COMPREHENSIVE CANCER CENTER GMUC OFFICE OF	53-0196603	501(c)(3)	10,000		The Foundation supports organizations enhancing civil society or seeking to cure an

ıllness ADVANCEMENT - S COURTIN 3300 WHITEHAVEN ST NW SUITE WASHINGTON, DC 20007

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) THE LEUKEMIA & LYMPHOMA 13-5644916 501(c)(3) 15,000 The Foundation SOCIETY NATIONAL CAPITAL supports organizations AREA CHAPTER enhancing civil society 3601 EISENHOWER AVE SUITE or seeking to cure an 450 illness ALEXANDIA, VA 22303 THE PARTNERSHIP INITIATIVE 58-1641714 501(c)(3) 55,000 Subgrant to host the Tennessee Talent Pipeline Management Academy, which addresses the skills gap

affecting Tennesee workers and industry This grant recipient has to report to USCCF on how these funds were

spent

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FUND 17 MARKET SQUARE 201 KNOXVILLE, TN 37902

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) TRAGEDY ASSISTANCE 92-0152268 501(c)(3) 22,500 USCCF has a long PROGRAM FOR SURVIVORS standing relationship HONOR GUARD GALA POST with the Tragedy OFFICE BOX CC Assistance Program for McLEAN, VA 22101 Survivors, which supports the families of fallen service members USCCF traditionally supports their gala, which is attended by

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

community

ıllness

many influential members of the miltiary

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

URBAN ALLIANCE 52-1938443 501(c)(3) 25,000 The Foundation FOUNDATION supports organizations 2030 Q STREET NW enhancing civil society WASHINGTON, DC 20009 or seeking to cure an

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 53-0219724 501(c)(3) 25.000 The Foundation WASHINGTON HUMANE SOCIETY supports organizations HUMANE RESCUE ALLIANCE lenhancing civil society

SOCIETY
HUMANE RESCUE ALLIANCE
C/O 30TH
ANNUAL BARK BALL 71
OGLETHORPE ST N

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20011

efil	e GRAPHIC pi	rint - DO NOT PROCESS A	s Filed Data	a -	DLN: 934	9331	4001	.158	
Sch	edule J	Com	npensati	on Information	MO	IB No	1545-0	0047	
(Form 990)		▶ Attach to Form 990.					2017		
•	tment of the Treasury al Revenue Service	▶ Information abou		(Form 990) and its instructions i gov/form990.	is at		to Pul ectio		
Nar	ne of the organiz				Employer identificat				
US (Chamber of Comme	ce Foundation			46-1561597				
Pa	rt I Questi	ons Regarding Compensatio	n						
							Yes	No	
1a				the following to or for a person lister y relevant information regarding thes					
	✓ First-class	s or charter travel		Housing allowance or residence for	personal use				
		companions		Payments for business use of persoi					
		nification and gross-up payments		Health or social club dues or initiation					
	☐ Discretion	nary spending account		Personal services (e g , maid, chauf	reur, cner)				
Ь		xes in line 1a are checked, did the call of the expenses described above		ollow a written policy regarding paym plete Part III to explain	nent or reimbursement	1 b	Yes		
2				or allowing expenses incurred by all	. 1-3	2	Yes		
	directors, truste	es, officers, including the CEO/Exec	cutive Director	r, regarding the items checked in line	e Ia				
3	organization's C	EO/Executive Director Check all th	at apply Don	d to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i					
	☐ Compens	ation committee		Written employment contract					
		ent compensation consultant		Compensation survey or study					
	☐ Form 990	of other organizations		Approval by the board or compensa	tion committee				
4	During the year related organiza		, Part VII, Sec	ction A, line 1a, with respect to the fi	ling organization or a				
а	Receive a sever	ance payment or change-of-control	payment?			4a		No	
b		r receive payment from, a supplement		fied retirement plan?		4b	Yes		
c	Participate in, o	r receive payment from, an equity-l	based comper	nsation arrangement?		4c		No	
	If "Yes" to any	of lines 4a-c, list the persons and pr	ovide the app	licable amounts for each item in Part	: III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) or	aanizatione	must complete lines 5-9					
5		ed on Form 990, Part VII, Section A	-	•					
	compensation c	ontingent on the revenues of							
а	The organization	٦٦				5a		No	
b	Any related org					5b		No	
	-	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section A ontingent on the net earnings of	, line 1a, did t	the organization pay or accrue any					
а	The organization	٦?				6 a		No	
b	Any related org					6b		No	
_	-	6a or 6b, describe in Part III							
7	payments not d	escribed in lines 5 and 6? If "Yes," o	describe in Pai		3	7	Yes		
8		nts reported on Form 990, Part VII, nitial contract exception described in		red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No	
9	If "Yes" on line 53 4958-6(c)?	B, did the organization also follow the	he rebuttable	presumption procedure described in	Regulations section	9		1.5	
For F	Panerwork Redu	iction Act Notice, see the Instru	ctions for Fo	rm 990. Cat No 5	50053T Schedule J	(Forn	990)	2017	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns compensation Compensation in

		compensation		deferred	Bellettes	(0)(1)(0)	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
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Schedule J (Form 990) 2017						

Schedule J (Form 990) 2017	Page 3
Part III Supplemental Inform	nation
Provide the information, explanation, or	r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation
Part I, Line 1a	Two of the executives listed on Part VII of the core form have taken first class travel None of these expenses are treated as taxable benefits
·	The US Chamber of Commerce Foundation relied on the performance and compensation committee of a related organization. Total compensation is reviewed annually by an independent compensation consultant. The consultant prepares a compensation study primarily utilizing, as available, Form 990s and surveys of comparable organizations with similar responsibilities. Based on this information, total compensation is determined by the related organization's Performance and Compensation Committee on an annual basis for the US Chamber of Commerce Foundation's top official, who is not paid by the US Chamber of Commerce Foundation.
	Supplemental Pension list Stan Harrell 91,936 Lily Fu Claffee 87,535 Eric Eversole 19,591 The Supplemental Pension Plan provides cash payments to participants based on a formula that coordinates with the benefits that cannot be paid by the Retirement Plan due to the qualified plan pay cap under the law These benefits are calculated and paid annually, there is no deferred component
	The US Chamber of Commerce Foundation's executive compensation is provided in the form of base salaries and performance based bonuses. The bonuses are contingent upon individual and organizational results and are not guaranteed in future years.

Schedule J (Form 990) 2017

17.3

(1)

(1)

(1)

(1)

(11)

(1)

(1)

(1)

1 Cuzanno Clark

Carolyn Cawley Westerman

5Marc E DeCourcey

President

SVP, CCC

Pres, HOH

6Eric Eversole

7Cheryl Oldham

8Justin Waller

CCC

Operations officer

9Horace C Hodges

10Rebecca Mousseau

11Shannon Ripley

12Kathryn Traver

13Jason Tyszko

VP, CEW

Senior Director, HOH

Exec Dir, Corp Relations,

VP Operations, Asst Secy

SVP, Éduc & Workf USCCF

Sr Dir, Events & Prog, HOH

(i) Base Compensation

284,485

210,110

295,810

242,171

204,250

171,750

131,361

156.855

187,985

170,306

Software ID: Software Version:

(ii)

Bonus & incentive

compensation

EIN: 46-1561597

Name: US Chamber of Commerce Foundation

Other reportable

compensation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable

60,000

52,000

190,000

58,000

20,000

40,500

10,000

Exec VP & Director	1(1)		0	0	0	0	0	0
	(11)	731,216	1,250,000	330,080	68,250	34,076	2,413,622	0
1Lily Fu Claffee Gnl Cnsl & Secy	(1)	0	0	0	0	0	0	0
	(11)	592,156	675,000	87,535	28,350	18,836	1,401,877	0
2 Thomas J Donohue CEO	(1)	0	0	0	0	0	0	0
	(11)	1,043,582	5,450,000	112,675	-1,100	14,684	6,619,841	0
3 Stan Harrell CFO	(1)	0	0	0	0	0	0	0
	(11)	491,271	230,000	91 936	171 100	24 294	1 008 601	0

3,180

19,591

other deferred

compensation

17,550

28,350

28,350

28,350

11,185

51,363

8,648

88,391

18,112

benefits

4,758

33,992

9,734

19,411

3,751

24,295

7,454

18,954

13,110

(E) Total of columns

(B)(ı)-(D)

366,793

327,632

543,485

347,932

219,186

191,750

247,519

172,957

305,330

201,528

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

0

0

0

٥

0

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	i: 93493314001158
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) an www.irs.gov/form990.	cific questions on information.	OMB No 1545-0047 2017 Open to Public Inspection
	anization mmerce Foundation e O, Supplemental Information	46-1561597	tification number
Return Reference	Explanation		
Form 990 Part V Item 1a	Number reported on 1096 US Chamber of Commerce Foundation is part of a cry function where all payments are handled by an affiliated organization, the Commerce of the USA. The number in box 1a relates to the 1099s that the USC rce Foundation would have issued without participating in a consolidated treas	hamber of C Chamber of Comme	

Return Explanation

Form 990	Number reported on W-3 US Chamber of Commerce Foundation is part of a consolidated payroll
Part V Item	function where all payroll functions are handled by an affiliated organization, the Chamb
2a	er of Commerce of the USA The number in box 2a relates to the W-2s that the US Chamber of
	Commerce Foundation would have issued without participating in a consolidated payroll fun
	ction

Return Explanation
Reference

Form 990,
Part VI,
Section A,
Inne 2

Lily Fu Claffee has a business relationship with Suzanne Clark, Tom Donohue, Justin Waller
, Eric Eversole, Stan M Harrell, Cheryl Oldham, and Jason Tyszko

990 Schedule O, Supplemental Information

Return Explanation

Reference

line 6

Form 990,	The US Chamber of Commerce Foundation (USCCF) has one class of membership. The sole member of USCCF is the Chamber
Part VI,	of Commerce of the USA
Section A,	

Return Explanation
Reference

Form 990,
Part VI,
Section A,
Inne 7a

Return Reference

The following actions require the prior written approval of the Member 1 Amending the Cer

Part VI, trificate of Incorporation, 2 Amending or repealing the bylaws or adopting new bylaws, 3 Ad opting an agreement of merger or consolidation, 4 Adopting a plan of wind-up and dissolution, 5 The sale, lease, transfer, or other disposition of all or any substantial part of the Corporation's assets or properties, and 6 The creation of a subsidiary or another related organization

990 Schedule O, Supplemental Information

Return Explanation

line 11b

Form 990,
Part VI,
Section B.
The draft Form 990 was provided in advance to the Board of Directors and reviewed individu
ally with each member prior to filing. The board receives the most recently completed tax
return at the next regularly scheduled meeting.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	We annually notify staff of the Standards of Conduct and Ethics policy, which includes a requirement that any transaction or relationship that is reasonably expected to give rise to an actual or apparent conflict of interest be brought to the attention of a supervisor, a senior manager in the Talent Solutions department or the Office of the General Counsel In addition, we issue an annual written questionnaire to all members of the board of directors asking for information on potential conflicts of interest, which is gathered by the Chief Financial Officer. All reports of potential conflicts will be evaluated by the Genera. I Counsel in consultation with other senior management and staff, as appropriate. Any conflicts of interest involving board members or staff are resolved in accordance with the USC CF's conflicts of interest policies.

Return

Reference	
Form 990, Part VI, Section B, Iine 15b	Part VI Question 15a The Chief Executive Officer is an employee of the US Chamber of Comme rce and is not compensated by the organization. Part VI Question 15b The process for deter mining total compensation for the four key employees, whose compensation is charged to the US Chamber of Commerce Foundation, is as follows. An independent compensation consultant provides supporting data and analysis to the US Chamber of Commerce's Senior Executive Vic e President and the Vice President, Talent Solutions who establishes job classifications a nd compensation ranges for all employees. Based on this information, individual total compensation is determined by the individual's supervisor and the US Chamber of Commerce's Senior Executive Vice President, and the Vice President, Talent Solutions on an annual basis.

Explanation

Return Reference	Explanation
Form 990, Part VI, Section C, Iine 19	The Form 990 is made available to any member of the public who requests a copy. Any reques tor is forwarded to the Administrative Director of Finance of the US Chamber of Commerce, who will forward a copy of the document to the requestor. The organization's governing documents and conflict of interest policy were made available with the organization's Form 10. 23 on February 4, 2013. The organization's financial statements are not made available to the public but are reflected in the financial data of the Form 990. Form 990, Part IV Question 12 Auditing of financial statements. The US Chamber of Commerce Foundation is a related dorganization within the consolidated financial statements of the US Chamber of Commerce. Schedule R lists some additional related organizations included in the US Chamber of Commerce consolidated financial statements. Form 990, Part IV Question 26 The loan in Part X L in 6 is with the US Chamber of Commerce, which meets the definition of a disqualified per son for the purposes of Line 6. However according to the Schedule L instructions, the Chamber does not meet the requirement of an interested person, thus, this loan is not disclose d on Schedule L.

990 Schedule O, Supplemental Information Return Explanation

Form 990,	Policy and Research Consulting Program service expenses 6148809 Management and general e
Part IX, line	xpenses 0 Fundraising expenses 290 Total expenses 6149099 Temp Salaries Program servic
11g	e expenses 134828 Management and general expenses 0 Fundraising expenses 0 Total expens
	es 134828 Video production Program service expenses 319279 Management and general expen
	ses 0 Fundraising expenses 0 Total expenses 319279 Photographic services Program servi
	ce expenses 25269 Management and general expenses 0 Fundraising expenses 0 Total expens
	es 25269

Return Explanation
Reference

Reference	
Form 990, Part XI, line	Flow through loss from partnership investments 91093 Equity adjustment for returned contribution per IRS rules 5000

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493314001158 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** US Chamber of Commerce Foundation 46-1561597 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) Total income End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.		anızatıon answered	"Yes" on Form 990	, Part IV, line 34 be	ecause it had one or	· more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 5 (13) cont entity	512(b) trolled
(1)Chamber of Commerce of the USA 1615 H St NW Washington, DC 20062 53-0045720	An advocate for the nation's businesses to national leaders	DC	501(c)(6)	N/A	N/A	Yes	No No
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 5013	5Y		Schedule R (Form	<u>1 990) 20:</u>	17

		(b) Primary	1										
(a) Name, address, and EIN of related organization	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related unrelated, excluded from tax under sections 512- 514)	Share of total income	(g) Share of end-of-year assets	(H Disprop alloca		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or liging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						zation ansv	vered "Yes	" on Fo	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)	st during ti	(d)	(e)	(f)	1	(g)	(H	1)		(1)
Name, address, and EIN of related organization	Primary activity	l do (state	Legal omicile or foreign ountry)		controlling Type entity (C c	e of entity orp, S corp, or trust)	Share of total income		of end- year assets	of- Percel owne	ntage	(13	ction 5: 3) contr entity
			und y)									Y	'es
													+
										_			_
												_	-+

Purchase of assets from related organization(s)

Exchange of assets with related organization(s).

Lease of facilities, equipment, or other assets to related organization(s) .

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses .

r Other transfer of cash or property to related organization(s) .

(1) Chamber of Commerce of the USA

(2)Chamber of Commerce of the USA

(3)Chamber of Commerce of the USA

(4)Chamber of Commerce of the USA

(5) Chamber of Commerce of the USA

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

Name of related organization

Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

No

No

No

No

No

No No

No

1h

1i

1j

11

1m

1n Yes

10 Yes

1p | **1**q Yes

1r

1s | Yes

Schedule R (Form 990) 2017

(d)

Method of determining amount involved

Calculated interest

Alloc amt actual cost

Cost allocation discounted 33%

Actual salaries & benefit alloc

Alloc amt at 33% disc & act cost

Yes

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	, !	No

•	one, grant, or capital contribution frented organization(s)		
c	i Loans or loan guarantees to or for related organization(s)	1d	
•	e Loans or loan guarantees by related organization(s)	1e	
f	Dividends from related organization(s)	1 f	
g	g Sale of assets to related organization(s)	1g	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(b)

Transaction

type (a-s)

Ν

0

Q

(c)

Amount involved

344,061

1,900,000

6,270,320

1.001.441

244,121

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

- See management of garileactors see and accords regarding exclusion													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017